## SAINT PAUL

Yes No

## **CITY OF ST. PAUL**

Office of License, Inspection, and Environmental Protection 350 St. Peter Street, Suite 300 Saint Paul, MN 55102 651-266-9090

## CONTRACTOR EXPRESS

Date:	 	 	

Contractor Information								
Business Name								
Address								
City	StateZip							
Phone # ()	State License #							
Contractor's Signature_								

## **EXPRESS BUILDING PERMIT APPLICATION**

Express work includes the following work types.  Please enter the work type number that is adjacent to the work you are going to perform in the Work Type column on the application.  1. Basement Drainage System 2. Chimney Repair				<ol> <li>Glass Block Basement Windows</li> <li>Gutters</li> <li>Miscellaneous Minor Repairs</li> <li>Re-roof (Flat w/Tear Off)</li> <li>Re-roof (Flat - Overlay)</li> <li>Re-roof - Slate</li> <li>Re-roof - Tile</li> </ol>		<ol> <li>Re-shingle (Overlay)</li> <li>Re-shingle (w/Tear Off)</li> <li>Re-siding</li> <li>Re-siding (w/Soffit-Fascia)</li> <li>Roof Repair</li> <li>Roof Repair - Slate</li> </ol>			17. So 18. Sto 19. Tri 20. Tu	<ul><li>18. Storm Windows</li><li>19. Trim</li><li>20. Tuckpointing</li></ul>		
PROJECT ADDRESS				Indicate below for each addr.  Commercial or Residential.	Owner		Work	Est.	Basic	State		
Str.#	Str.# Street Str.Type Dir		Dir	If residential, enter the number of dwelling units.	(Include address if different from project)		Type#	Value	Fee	Surcharge	Sub Total	
					Phone #:							
					Phone#:							
					Phone #:							
					Phone #:							
					Phone #:							
	i i	Would you like your permit faxed to you?			rease complete the following information for create card payments		Card Expiration:	Grand Total				
FAX I	<b>T?</b> If yes, enter your fa	If yes, enter your fax # here:			eard type: Master Care	rd or Visa	ľ	Month Year	7			

ENTER YOUR ACCOUNT NUMBER IN THE BOXES:

If you are paying for your permit by *MasterCard* or *Visa*, you may fax your application. The credit card information section must be filled in and signed.

Our FAX number is 651- 266-9124.

If paying by check, please mail the application and the check to us.

\* Window Sash / Similar

\* Contractors must be pre-approved by the Plan Examiners to qualify for this express permit.

Framed window inserts that reduce the opening more than one inch on each side do not qualify.

Plan Examiners phone number is 651-266-9070.

Building Field Inspectors are in the office for inspection requests between 7:30 - 9:00 AM, Monday -Friday. Phone number is 651-266-9002.

Permit Fee Information can be obtained by calling 651-266-9090, Mon. - Fri., 7:30 - 4:30 PM.